

## **System Leadership Council: June 7, 2001 Meeting Summary**

### ***General Business***

- The following members attended the fifth meeting of the System Leadership Council.

Janet Areson	Paul R. Gilding	Raymond R. Ratke
Charline A. Davidson	Richard E. Kellogg	Julie A. Stanley
Virginia Dofflemyer	Larry L. Latham, Ph.D.	James W. Stewart, III
Judy Dudley	Cathleen J. Newbanks	Frank L. Tetrick, III
James L. Evans, M.D.	Arne W. Owens	James A. Thur

George W. Pratt, Ed.D., the incoming chairman of the Executive Directors Forum, and Jack Thomassen, representing Jules J. Modlinski, Ph.D. also attended the meeting.

- Council members reviewed the March meeting summary and made no changes in it. The group reviewed and adopted the proposed agenda for this meeting.
- George Pratt and Arne Owens were added as permanent members of the Council. Ray Ratke agreed to continue serving on the Council as the Forum Chairman emeritus.

### ***Comprehensive State Plan Update***

- Charline Davidson updated the group on the development of the Comprehensive State Plan. The Department has received input from 28 CSBs so far. She will reconvene the small work group that has been working with her on the plan to review the data and trends, and the Department will contact individual CSBs where there are questions about their input.
- She discussed a focus group meeting scheduled for June 13 at VHDA to brainstorm strategic issues and receive feedback from system stakeholders, including the Department for Rights of Virginians with Disabilities (DRVD), Virginia Municipal League, Virginia Association of Counties, State Board, Mental Health Planning Council, and advocacy groups. She invited Council members to attend this meeting. She mentioned several possible strategic issues that would be discussed at this meeting, including jail services, Health Insurance Portability and Accountability Act (HIPAA) requirements, Medicaid rates, and facility quality of care. Richard Kellogg commended her work on the plan.
- She also summarized the main points in the Coalition for Mentally Disabled Citizens of Virginia presentation by Ray Burmester and William Youlton at the last State Board meeting. Points included Medicaid rates, manpower issues, the need for crisis stabilization services, and maintaining the quality of care in state facilities.
- Virginia Dofflemyer indicated that, during her eight years on the State Board, there have not been complaints from the mental retardation community. However, at the Board's last meeting, Ray Burmester presented a comprehensive statement of concerns. Recently, she received a call from parents of a person with mental retardation urging that the needs of this population be addressed in the Comprehensive State Plan.

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- Richard Kellogg responded that the Comprehensive State Plan is the right kind of plan to do that, and it would be relatively auditable. He noted that, while he has been comfortable with the quality of mental retardation services, infrastructure issues (e.g., Medicaid rates, manpower issues) were becoming more urgent concerns.
- Charline Davidson also discussed the readiness for discharge data base, which receives quarterly reports from the CSBs. She acknowledged that it has been a challenge to implement. For instance, the second quarter reports exhibited numerous inconsistencies with PRAIS numbers.
- Jim Thur inquired about a projected date for publishing plan data on community waiting lists. Charline Davidson indicated that a draft should be issued in early fall, followed by regional public hearings. Richard Kellogg noted that plan data would be reflected in the Department's biennium budget submission, in accordance with § 37.1- 48 of the *Code of Virginia*

### ***Biennium Budget***

- Richard Kellogg observed that the Department has been fairly open about its budget requests in the past. He suggested that budget requests for the next biennium will need to be clearly focused. Ray Ratke mentioned that the VACSB has been developing its budget requests with input from its mental health, mental retardation, substance abuse, and MH child and family services councils and its prevention task force. He said that he was hearing encouragement to the VACSB to collaborate more directly with the Department on budget requests.
- Richard Kellogg indicated his willingness to meet with a very small group of executive directors to share proposed budget priorities, if not specific numbers. The Council supported this idea, and, subsequently, a meeting occurred on August 1. He mentioned several Department priorities: increased community psychiatric services, reduced case management ratios, and increased resources for psychiatric medications. The Council agreed to support requesting additional funds in the biennium budget for additional psychiatric services.
- Jim Thur and Jim Stewart indicated that CSBs recognize that their budget requests need to be pared down. Richard Kellogg suggested that it would be helpful to have agreement on at least budget priorities, if not on the numbers.
- Jim Stewart noted that every year it is a problem for the VACSB to reconcile its requests and advocacy group desires. He indicated it would be very helpful if Department information were available. Then, the VACSB and advocacy groups could start at the same base. Advocacy groups might include additional requests, but at least everyone would be starting with the same base.

### ***Predischarge Planning Protocols***

- Richard Kellogg suggested that, given the construction of our services system, many quality improvement activities could be implemented or enhanced through more standardized practices, for example, in the areas of state facility admissions and predischarge planning. He pointed out however, that, due to the diversity of that services system, great effort will be required to

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implement standardization, even though organizations do not lose their identity through standardization (e.g., look at the experience of Harvard Medical School).

- Paul Gilding briefly reviewed the June 5 PredischARGE Planning Protocols meeting. Information about this meeting and drafts of the predischARGE planning protocols were subsequently distributed to CSBs and state facility directors on June 14 for review and comment.
- Ray Ratke mentioned that he was encouraged by this PredischARGE Planning Protocols meeting. This approach could serve as a model for achieving more standardization; perhaps standardizing state facility admission processes could be next. He urged more discussion about standardization and noted that the VACSB has supported standardization. He suggested that it would be helpful to discuss the barriers to standardization and ways to further it.
- Richard Kellogg agreed and observed that it would be helpful for the Department, CSBs, and state facilities to do this collaboratively. He also had been impressed by the PredischARGE Planning Protocols meeting and by the POMS meeting, which occurred on June 6.
- He suggested that standardization was not really the issue. He noted that the Department has engaged in collaborative efforts on several issues and reached substantial agreement with CSBs, then a few CSBs have raised objections and the Department has had to repeat its efforts. It may be that there are other barriers and issues regarding further standardization, such as inertia and concerns about authority, control, and independence.
- He indicated that the Department decided to approach predischARGE planning first because it would have the most immediate, positive impact on consumers, and the Department had knowledge and experience from Department of Justice CRIPA activities and the expertise of Dr. Jeffrey Geller and Susan Sprung, who have consulted with the Department and a number of state facilities about CRIPA.
- Richard Kellogg advised the Council that DRVD has requested individual names of persons identified as ready for discharge from state facilities and the CSBs responsible for their discharge planning. He indicated that the Department has not provided these names. He noted that DRVD has hired two very qualified attorneys, and, eventually, DRVD may obtain these names.
- Several members discussed and supported moving to electronic participation on state facility treatment teams, developing a web-based centralized scheduler for all treatment team meetings across the system, and web-based, secure, interactive completion of predischARGE planning forms.
- Charline Davidson suggested that, after predischARGE planning protocols are implemented, the next step would be standardized state facility admission protocols. Then, the need for the Continuity of Care Procedures could be re-examined. Richard Kellogg agreed, indicating that he was interested in examining the state facility admissions process. He noted that, in most states, state facilities have the right to deny inappropriate admissions.

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### ***Case Management***

- Virginia Dofflemyer mentioned that, when he gave a presentation to the State Board about his Center for Excellence, Mark DiOrio, the NVTC Center Director, identified the absence of enough trained, knowledgeable, effective, and dedicated case managers in the community to identify services, so that consumers would not need the services of the Center for Excellence, as one of the greatest weaknesses in the services system. Jim Stewart noted that improving case management ratios is one of the highest VACSB budget priorities. Richard Kellogg observed that everyone agreed on the need for more case managers, particularly for individuals with mental retardation.
- Virginia Dofflemyer also identified the need for more specialized services, for example, dental services for individuals with mental retardation. She mentioned that the State Board would like to see regional centers around the state so that people could access these specialized services. Richard Kellogg agreed with the Centers for Excellence concept and identified two critical issues regarding dental services. First, they are not covered by Medicaid, except in state facilities. Second, there is a lack of dentists to care for people with mental illnesses or mental retardation, and very few dentists are willing to accept Medicaid. Jim Thur noted that another issue related to dental services is liability. He indicated that, even if you can get dentists to do pro bono work, the biggest issue is liability insurance, not Medicaid rates.
- Using stipends to support and recruit dentists and investigating public health service medically underserved area designations were suggested as two ways to look at addressing the dentistry issue. Richard Kellogg agreed to raise these approaches with Eric Bell, the DMAS Director.
- The Council agreed to support asking for funds in the biennium budget for dentistry student stipends, similar to the psychiatric student stipends, as a way of addressing the absence of enough dental services.
- Charline Davidson suggested that this issue, like others, is related in part to manpower issues.

### ***Manpower Issues***

- The Commissioner proposed a one day manpower summit in late summer or early fall to discuss manpower development needs. Perhaps this issue could be linked with the Comprehensive State Plan, more as a planning element than a funding request at this point. Jim Thur supported this idea.
- Jim Stewart agreed, but indicated this effort needs to be broadly focused; that manpower issues involve not just dentists and psychiatrists, but also PACT team members and case managers. CSBs are having trouble hiring qualified staff, and many of those hired are less qualified. The Council supported the idea of a manpower summit. Richard Kellogg cautioned that the most that can be expected from a one day summit is concepts and beginning steps. He designated Neila Gunter, the Director of Human Resource Management and Development, as the Department's lead person for this activity.
- Jim Thur distributed a report on the nursing workforce, which contains 1999 data, including

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Virginia data. The report documents the increasing problem of recruiting nursing staff. He noted that nurses aides are closely related to personnel care aides, who are becoming increasingly difficult to recruit in Northern Virginia. This has become an absolute crisis there and it threatens to lead to program closures. He also observed that those his CSB can hire need more expensive training before they can begin providing services. Judy Dudley confirmed that this is a problem that will only get worse. Jim Thur added that 13 CSBs have to work with local government human resource management departments, which is a further complication.

### ***Aftercare Pharmacy***

- Dr. Evans reported on aftercare pharmacy issues. During the General Assembly session, NAMI-Virginia had asked for an aftercare pharmacy study, but this did not pass. The Department's Medication Committee, which includes representatives from DMAS, CSBs, and pharmaceutical companies, has discussed possible options: retain the pharmacy as it is or abolish it and retain the funds in the Department for allocation to the CSBs. Decentralizing the pharmacy to the CSBs could be an attractive alternative from a care management perspective, as opposed to centralized management of the pharmacy. This also could increase local management of pharmacy benefits, with CSBs controlling prescribing practices.
- The Medication Committee recommended unanimously retaining the current state pharmacy operation. Apparently, NAMI-Virginia has no objections to continuing the current pharmacy operation, which has a 39 percent lower cost than a typical regular pharmacy.
- The Medication Committee has developed a process for adding medications to the state formulary. A committee member advocates for a particular medication and Dr. Evans and Janet Dyson, the State Aftercare Pharmacy Director, make the decision. Charline Davidson suggested developing a standard format for this process and attaching it to the minutes of the next Committee meeting. Dr. Evans agreed, and he noted that eighty percent of the medications proposed are approved.
- Dr. Evans praised the level of expertise on the Medication Committee, which meets every two months, and he suggested distributing meeting minutes to the CSBs for their information.
- Dr. Evans informed the Council that he was meeting with the state training center directors to discuss prescribing atypical anti-psychotic medications. He observed that the differential rates of prescribing atypical medications between state mental health and mental retardation facilities are probably appropriate.
- He also indicated he planned to increase his contact with CSB psychiatrists. He mentioned the Virginia Association of Community Psychiatrists and proposed rotating Medical Director meetings around the state and inviting CSB medical directors to attend. Jim Stewart encouraged Dr. Evans to have one-on-one contact with CSB psychiatrists and stated that the CSB executive directors supported this.
- Richard Kellogg noted that, to attract psychiatrists, we need to support and encourage peer groups like this association among community psychiatrists.

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- Jim Thur asked about any unspent atypical medications funds available for reallocation among CSBs. Richard Kellogg responded that none were available and that the aftercare pharmacy budget has been reduced by \$1 million in SFY 2002. He noted that the Department is committed to continuing provision of needed front line medications for consumers.

### ***VACSB Work Group on Community Alternatives***

- George Pratt and Jim Stewart reported on a meeting last week of executive directors, state hospital representatives, and CSB emergency services directors about the critical shortage of community psychiatric beds. This is impeding the ability of CSBs to meet consumers' treatment needs and to support state mental health facility census reduction and management efforts. That group drafted a problem statement and decided to develop a description of the problem. Mike Gilmore is leading this effort. This description will include a one or two page description of the problem in each health planning region with input from state facilities and private providers.
- They affirmed everyone's ongoing commitment to continued state facility downsizing and privatizing, but the private sector's capacity is disappearing. Jim Thur noted that the system has lost at least 100 private local inpatient beds in the last year. Virginia Dofflemyer stated that this was a particular problem in rural areas and Jim Stewart indicated that it is now a statewide problem. George Pratt observed that different parts of the state are experiencing the problem for different reasons. Also, generally private providers are becoming more selective about whom they will serve, and they are experiencing manpower problems too.
- Richard Kellogg urged the VACSB work group to look at 15 bed public-private partnership local inpatient psychiatric facilities as one possible approach to this problem.
- Jim Stewart stated that the group hoped to have a clear picture of the problem of the problem by the end of the summer. Charline Davidson indicated that she would like to include this in the Comprehensive State Plan. Richard Kellogg agreed and asked Jim Stewart and the group to work with Cathleen Newbanks on this issue. Jim Stewart agreed to notify her of the next meeting of this work group.

### ***Updates***

- Julie Stanley updated the Council about the new Licensing Regulations. These regulations are in proposed form after action by the State Board and are on the Department's web site. The Department of Planning and Budget will do an economic impact analysis within 45 days. Then, the Secretary of Health and Human Resources and the Governor consider them. There is no time frame on this step. She asked members to review the proposed regulations in preparation for the public comment period.
- She also updated the Council on the new Human Rights Regulations. Hopefully, they will be published in the Virginia Register on June 18 for a 30 day public comment period. The new regulations would be effective after that process, which means the system has about six weeks to

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prepare for implementation. Under the new regulations, local human rights plans will no longer be required, but providers will have to have local human rights policies that comply with the new regulations. She noted that licensing will now be contingent on compliance with the new Human Rights Regulations.

- Charline Davidson asked if the Department could notify programs whose licenses are coming up for review of this new requirement. Julie Stanley agreed and reviewed the schedule for training. There will be an internal staff retreat in July, staff training in August, and regional training on the new regulations for providers in September. Richard Kellogg expressed his appreciation for the effort to develop and promulgate these new regulations, specifically mentioning Julie Stanley, Margaret Walsh and her staff, Charline Davidson, Wendy Brown, and the State Board.
- Richard Kellogg discussed the Southern Virginia Regional Proposal. At a state facility directors meeting after the last General Assembly session, he was discussing the proposed budget language and Connie Fletcher, the SVMHI Director, volunteered to pursue possible efforts to implement all or part of it. On March 28, he attended a meeting at SVMHI with the Danville-Pittsylvania, Piedmont, and Southside CSB Executive Directors and Dr. Fletcher and her staff about the needs of consumers in the community and SVMHI. The participants agreed to develop a regional proposal and hold a public meeting in June.
- Richard Kellogg observed that the public system is at a crossroads. He noted that he has been working in the system for 16 years and have always heard that we need to close facilities. However, perhaps we are at a critical juncture. Now that state facilities are at 16 or 17 beds per 100,000 population, we may have reached the optimal point with census management and reduction initiatives, given the state's population growth. For example, even though downsizing SVMHI is doable, there is no local inpatient capacity there. We have high quality state facilities that care for the most difficult cases. Maybe it is time to declare a moratorium on closing or downsizing, but ensure strong utilization review at state facilities. This could be powerful if we all could give this message to the General Assembly.
- Frank Tetrick responded that it was good to hear this message. He indicated that Region 5 CSBs are pleased with the quality of care at ESH, concerned about the shift among private inpatient providers to care for short-term patients, and want to further collaborative relationships with state hospitals rather than private providers.
- George Pratt agreed and observed that CSBs in Region 5 are competing with ESH in purchasing local private beds to serve the same patients. He stated that CSBs believe state facilities provide higher quality of care than private providers. Virginia Dofflemyer indicated that she also was pleased to hear this.
- Richard Kellogg noted that we need to develop gero-psychiatric beds and take creative actions to manage acute admissions to ESH. He indicated that civil beds are being lost to greater forensic utilization and there is a need for different criteria for forensic releases (i.e., not dangerousness but predictability). The Department is responsible for dealing with these issues.

### ***VACSB Administrative Infrastructure Demand Study***

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- Ray Ratke described the VACSB's budding relationship with Eli Lilly, which is "assisting in developing the public system across the U.S." The company solicited proposals from the VACSB for projects it could fund for about \$10,000.
- One proposal would assist the VACSB study of infrastructure and administrative overhead needs. Ray Ratke indicated that he asked for this to be on the agenda so that the Council would be aware of it. He expressed the hope that this study will be consistent with the base funding discussion at our last meeting.
- Richard Kellogg thanked Ray Ratke for this information. He noted that the Department does not fund CSB administration activities anymore by mutual agreement. He stated that he was more interested in a base budget concept. There are three sources of funds: state and federal funds, Medicaid, and local match. These sources fund a base of services - \$600 million for 200,000 people. Without maintenance of this service base, eventually there will be pressure for more state facility services. This identifies a need for base funding, rather than targeted dollars, to maintain this base of services. Clearly, the Administration and the General Assembly will not entertain requests for administration funds. He noted the Brukowski has a new generation of software that would be helpful in documenting the base funding need and suggested this would be a productive use of the Eli Lilly funds.

### ***VACSB Concerns: Inpatient Capacity of Children and License Renewal Timing***

- Richard Kellogg suggested that, if census can be reduced at one state facility, the Department would consider making additional child and adolescent beds available within the current budget at ESH.
- Charline Davidson asked if there was not an agreement when VTCC was transferred to VCU/MCV to maintain services. However, the latest utilization review information appears to show low utilization at VTCC. Richard Kellogg suggested that data could be assembled and the transfer agreement reviewed for a friendly letter to VCU/MCV about the dearth of child and adolescent beds. The letter could request information about how the agreement has been implemented and copies of admission criteria and protocols. The Council agreed to discuss this issue further at its next meeting, at which time a letter may be drafted.
- Ray Ratke noted that the lack of child and adolescent inpatient beds was causing serious problems for his emergency services staff; they have not been able to locate TDO beds anywhere in the state. Charline Davidson mentioned that the conversion of local inpatient beds to CSA beds is a growing trend. Richard Kellogg suggested gathering data about this. George Pratt suggested adding this issue to the agenda for the VACSB local inpatient bed work group.
- Ray Ratke raised a concern about situations where a provider's license is continued after expiration until a licensing visit, but DMAS does not accept this understanding and rejects the provider's application for a Medicaid provider agreement. Julie Stanley indicated that the Department has discussed this with DMAS and was told that it will not happen anymore. She asked CSBs to let her know if it does still happen.



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### ***Medicaid Rates***

- Richard Kellogg informed the Council that DMAS gave the Tichenor Report on rates to the MR Waiver Advisory Committee on Tuesday. He opined that Medicaid rate increases will not occur in this administration.
- He mentioned a second issue that has been raised. Apparently, some CSBs have billed for intensive in-home services and subtracted half of the payment when paying subcontractors. DMAS is questioning whether CSBs are billing all payors the same amount for a covered service, which is a federal Medicaid requirement. He mentioned that DMAS has asked for various CSB Reimbursement Reviews conducted by the Department. DMAS is concerned that CSBs may be billing it for one amount and subcontracting out the service for less than the reimbursed amount.

### ***Population Statistics for the Comprehensive State Plan***

- Charline Davidson indicated that traditionally the Department uses population statistics from the Weldon Cooper Center at UVA because those are the official state population figures. These will be updated with the 2000 U.S. census figures.
- Jim Thur stated that the issue was not which base year population figures are used but that projected population figures are used for future years in the plan.
- Richard Kellogg responded that this suggestion is what epidemiologists do, and it is very difficult to predict demand for behavioral health services (e.g., the Kessler efforts). He suggested that language could be added to the plan about Virginia's continued population growth. The Council recommended that U.S. census figures be used in the plan.

### ***Next Meeting***

- The next meeting will be on August 30 at the Hanover County CSB. (Subsequently, it was rescheduled to September 25.)
- Ray Ratke observed that the Council has been meeting for a year and CSBs appreciate the benefits realized with the Council, such as increased communication and greater trust among the constituencies represented on it.